



MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION
APPLICATION FOR ADOPTION SUBSIDY

1. THIS APPLICATION OR REAPPLICATION FOR AN ADOPTION SUBSIDY IS MADE IN BEHALF OF THE FOLLOWING CHILD		
DCN		
2. TOTAL MONTHLY INCOME OF ADOPTIVE PARENTS (NOT REQUIRED)		
3. TOTAL OF AVERAGE MONTHLY EXPENSES OF ADOPTIVE PARENT(S)		
4. NUMBER IN HOUSEHOLD (EXCLUDING ELIGIBLE SUBSIDY CHILD)		
5. MEDICAL/DENTAL INSURANCE INFORMATION		WILL INSURANCE COVER ELIGIBLE SUBSIDY CHILD? (CHECK ALL THAT APPLY) <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> PARTIALLY</div><div><input type="checkbox"/> ENTIRELY</div></div> <div><input type="checkbox"/> AT WHAT POINT?<div style="margin-left: 20px;"><input type="checkbox"/> PLACEMENT <input type="checkbox"/> TRANSFER OF CUSTODY <input type="checkbox"/> FINAL ADOPTION <input type="checkbox"/> SOMETIME AFTER FINAL ADOPTION <input type="checkbox"/> NEVER FOR A PRE-EXISTING CONDITION <input type="checkbox"/> OTHER (SPECIFY) _____</div></div>
COMPANY NAME	POLICY NUMBER	
6. I (WE) UNDERSTAND THAT THE MISSOURI MEDICAID PLAN WILL PAY FOR COVERED TREATMENT SERVICES UP TO THE PRESCRIBED LIMITS OF THIS PROGRAM.		
7. I (WE) UNDERSTAND THAT THIS APPLICATION WILL BE APPROVED BY THE CHILDREN'S DIVISION REGIONAL OFFICE AND THAT PAYMENT WILL NOT BE MADE FOR ANY AUTHORIZED SERVICES UNTIL THE DIRECTOR OF THE DIVISION HAS SIGNED THE ADOPTION SUBSIDY AGREEMENT AND ANY ATTACHMENT(S).		
8. I (WE) CERTIFY THAT INFORMATION REGARDING THE ADOPTION SUBSIDY PROGRAM HAS BEEN INTERPRETED TO US, AND, I (WE) UNDERSTAND THAT WE MAY BE REQUIRED TO COMPLETE THIS APPLICATION AGAIN SHOULD THE CIRCUMSTANCES OF THE CHILD OR OURSELVES CHANGE.		
9. SIGNATURE OF ADOPTIVE PARENT(S)		DATE
10. ADDRESS		TELEPHONE NO.
11. COUNTY CHILDREN'S DIVISION OFFICE	ADDRESS	

FOR OFFICIAL USE ONLY							
COMMENTS/REVIEWS: _____							

REVIEWED							
DATE <input type="checkbox"/> ▶							
CHANGES ▶							
WORKER NAME ▶							
DATE <input type="checkbox"/> ▶							
CHANGES ▶							
WORKER NAME ▶							
DATE <input type="checkbox"/> ▶							
CHANGES ▶							
WORKER NAME ▶							